

Name
in
Full

Eliz Francis Bean

CERTIFICATE OF DEATH

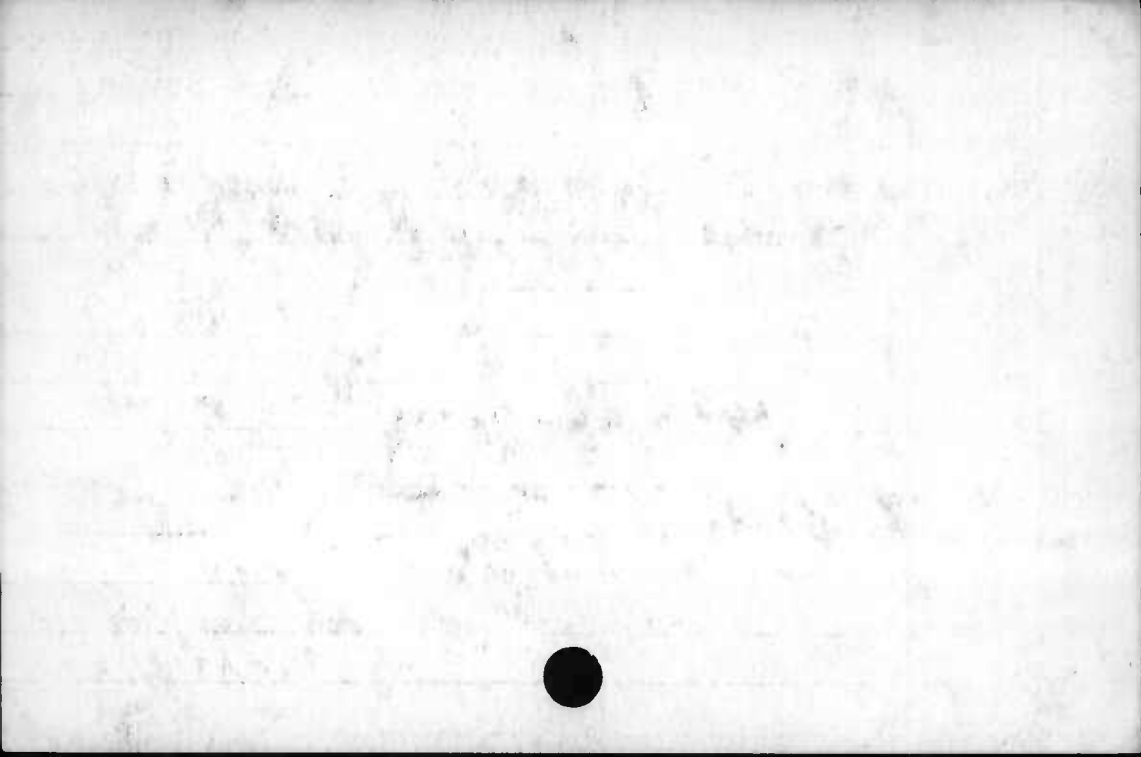
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eel Ridge Md</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death 1905	Month <i>Jan</i>	Day <i>11th</i>	Age	Years <i>42</i>	Months	Days	
Sex <i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Rockville Md</i>			
Married, Single or Widowed	<i>Single</i>		Occupation	<i>domestic</i>			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
<i>Chas Menckhorn</i>				<i>no relation</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>defecting blood vessels with contracted kidneys</i>	How long	<i>not known</i>
Immediate	<i>Cerebral Hemorrhage with</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Arthur Wilkins</i>	
Address		<i>Eel Ridge Howard Co Maryland</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

Blumond Bowers

CERTIFICATE OF DEATH

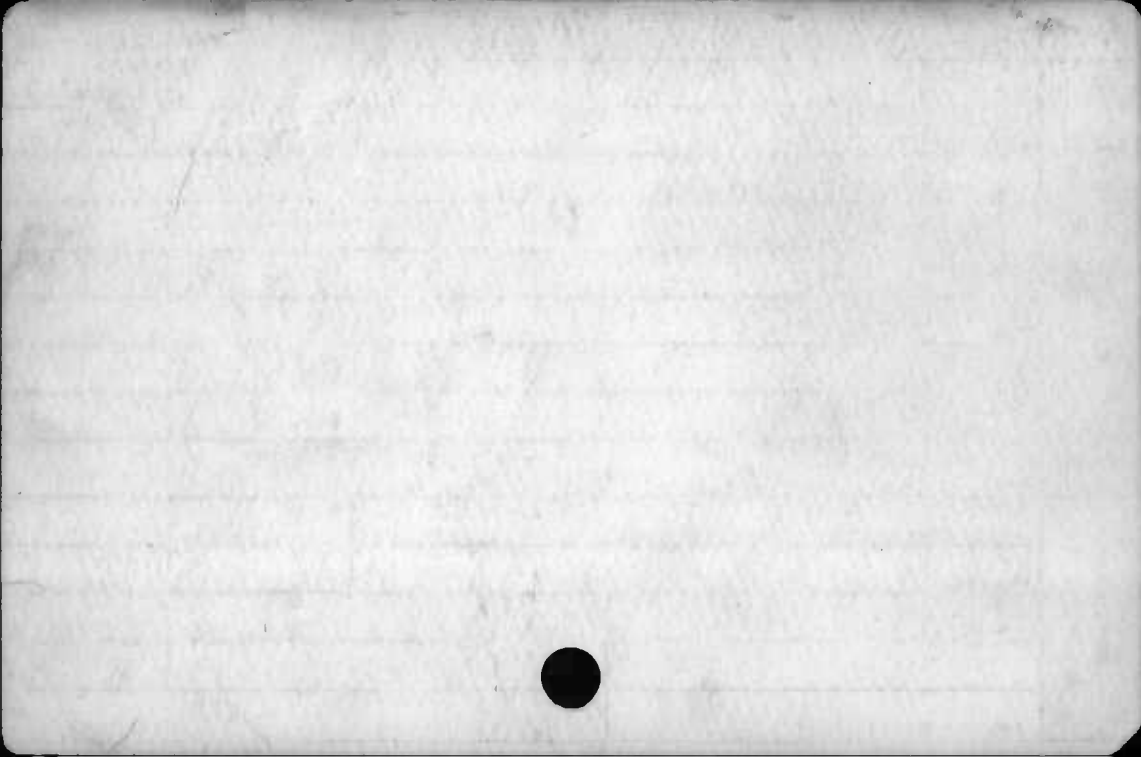
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>1</i>	Day <i>7</i>	Age <i>76</i>	Months <i>4</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Germany</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>machinist</i>			
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>		Father's Birthplace <i>X</i>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Rosa Burt</i>		How related to deceased <i>Grand Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Tanager, M.D.</i>
	Address <i>Elk Ridge Md</i>
Accident or Suicide?	



Name
in
Full

Cornelius Cavey

CERTIFICATE OF DEATH

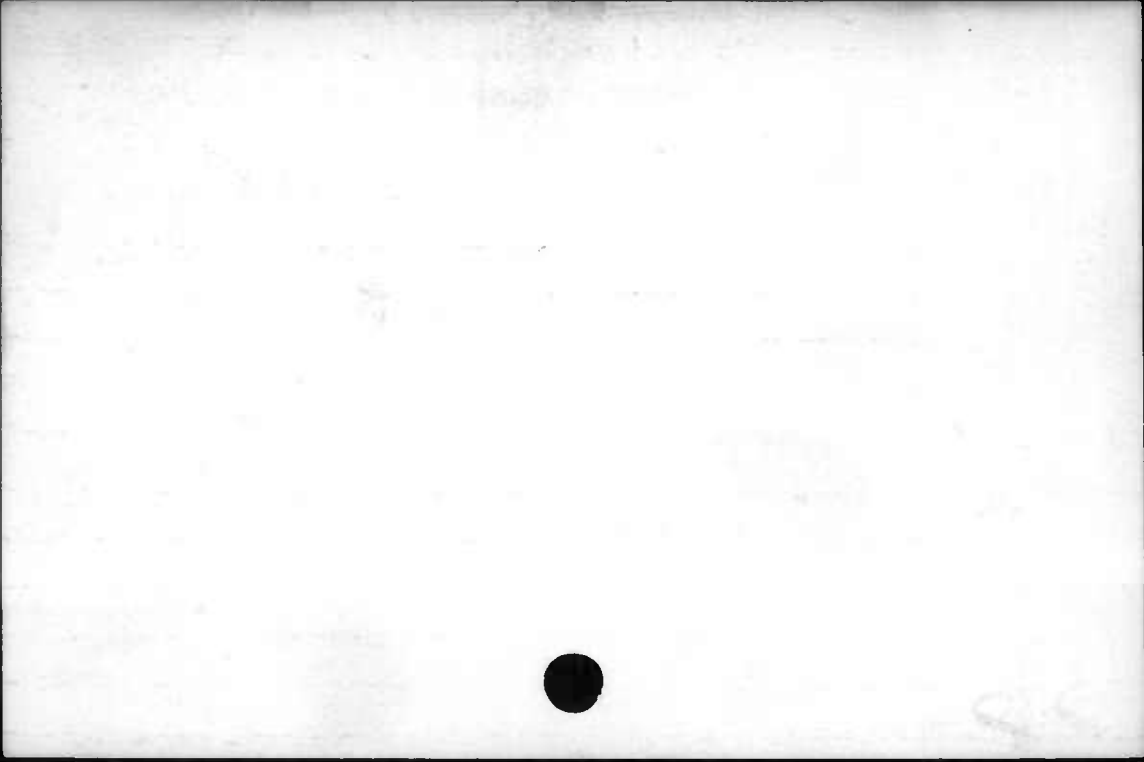
Died at *Grays* TownCounty *Howard*

MARYLAND

Date of death *1905* Month *Jan.*Day *15* Age *84* YearsMonths *—* Days *—*Sex *Male*Color or Race *White*Birth-place *Md.*Occupation *Farmer*Where Residing if not at place of death *—*Married, Single or Widowed *Married*Name of Wife or Husband *Alice Berry*Father's Name *Joseph Cavey*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *Charles A. Cavey*How related to deceased *Son*

CAUSES OF DEATH

Primary *Senile Decay*How long *6*Immediate *Paralysis*How long *about ten days*Are the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *William E. Hodges*Address *Ellicott City Md*Accident or Suicide? *—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

MARYLAND

of

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Mary E. P. Donaldson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Elkridge* TownCounty *Howard*

MARYLAND

Date of death *1905* Month *January*Day *31*Age *86* Years

Months

Days

Sex *Female*Color or Race *White*Birth-place *Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *Widow*Name of Wife or
Husband *Thomas Donaldson*Father's Name *Hammond Dorsey*Father's Birthplace *Maryland*Mother's Maiden Name *Elizabeth Pickering*Mother's Birthplace *Md*Name of person giving
In formation *John J. Donaldson*How related
to deceased *Son*

CAUSES OF DEATH

Primary *Bronchitis Heart disease
and debility from advanced age*How long *6 months*

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Arthur Williams**Elk Ridge Md*

Accident or Suicide?

No

Dr Arthur Williams
Elkridge.

Name
in
Full

Marshall Garland Hawall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Jessups Town

County

Howard

Date of death 1902 January

Day 2

Age

Years

Months 4

Days 5

Sex Male

Color or
Race

White

Birth-
place

Jessups, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

F. M. Duwall

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah Edwina Griffith

Mother's
Birthplace

Maryland

Name of person giving
Information

F. Marcellus Duwall

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Meningitis

How long

8 or 10 days.

Immediate

(probably tuberculous)

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

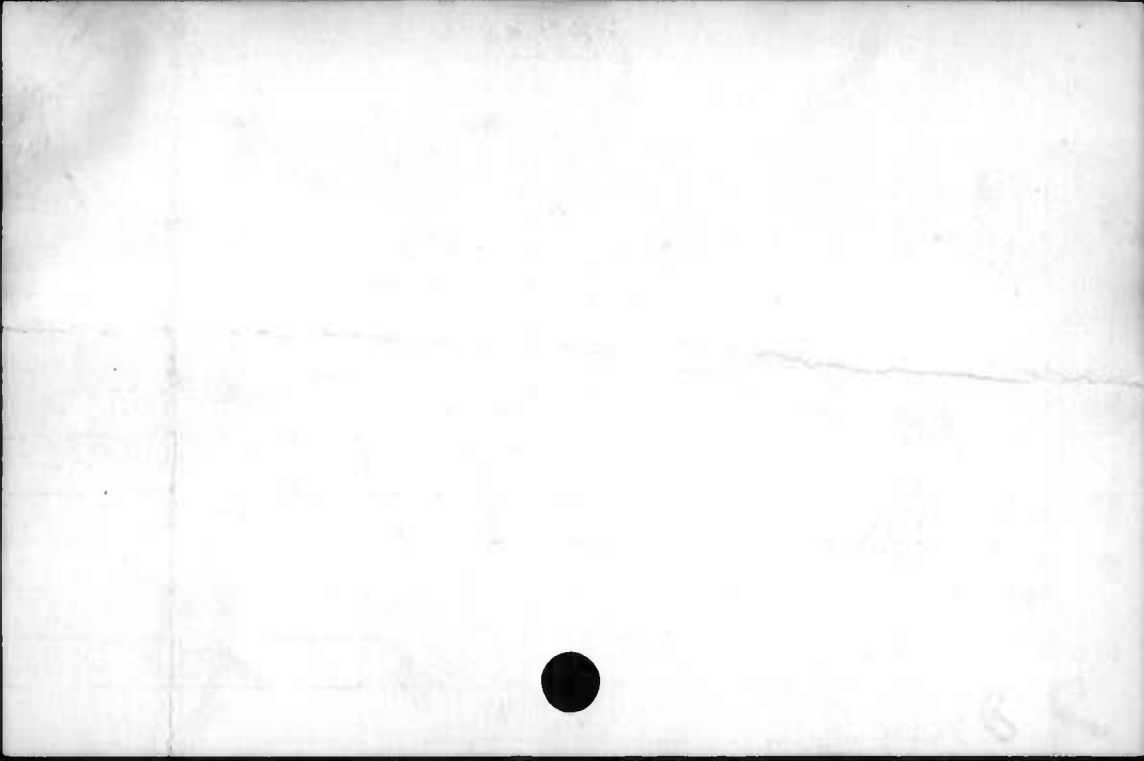
Signature of
Physician

W. M. R. Eareckson

Address

Eek Ridge, Md.

Accident or Suicide?



Richard Fessenden Fearing

Died at ^{Town} Dr Fort's School^{County} Howard

MARYLAND

Date 1905 Month 1 Day 29 Age 14 Y. 5 M. 5 D. 5 Native of New York Occupation _____

Male

White

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~
of
~~Wife~~

Father's

Name First Name unknown

Mother's

Name

Justine A. Fearing

Cause of

Primary

Epilepsy

Death

Immediate

Exhaustion

How long sick

about five years

~~Accident, Suicide, Homicide~~

Reported by

Samuel J. Fort M. D.

Address

Ellicott City Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Holland

CERTIFICATE OF DEATH

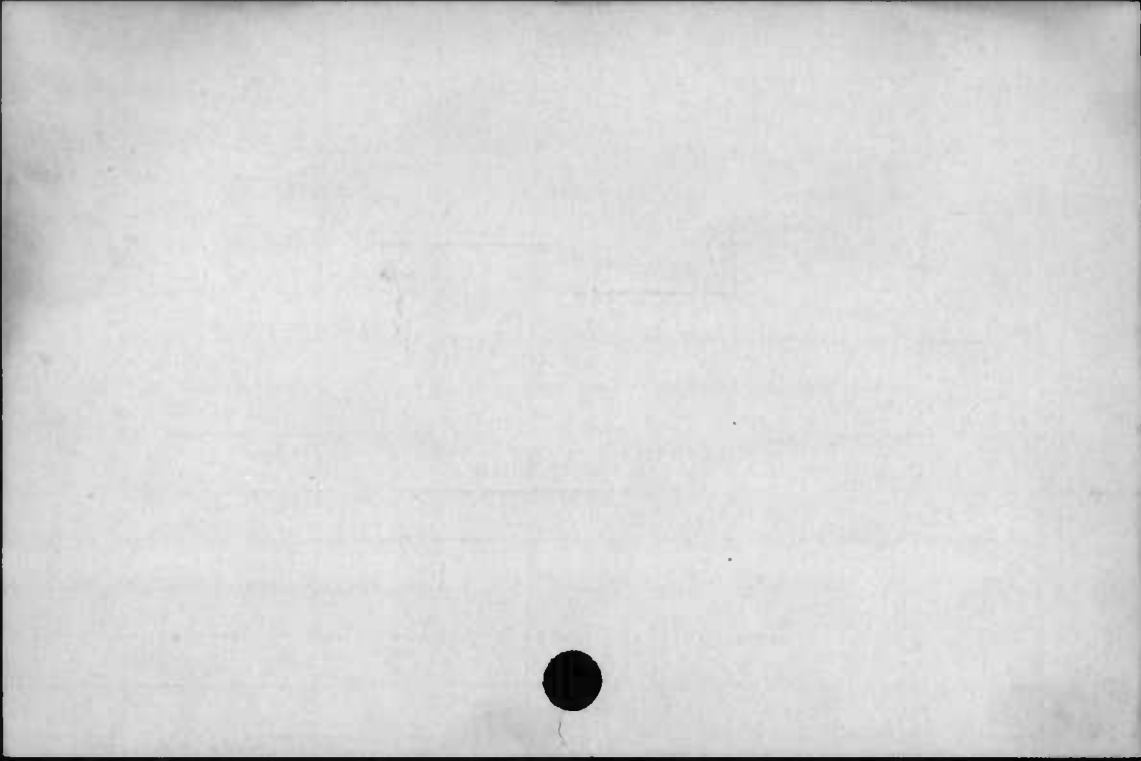
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clarksville</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>27</i>	Age <i>2</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Clarksville</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Blackwell</i>			Father's Birthplace <i>North Carolina</i>		
Mother's Maiden Name <i>Laura Holland</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>William Blackwell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Doctor able to get there</i>
<i>Don't Know</i>	Address <i>Owing to Snow drifts</i>
Accident or Suicide?	<i>Bernard H. Wallenhorst, D.R.</i>



Name
in
Full

Mary Elizabeth Isaacs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Glenelg Town Howard County

Date of death 1905 January 7th Age 68 Years 9 Months 17 Days

Sex Female Color or Race White Birth-place New York

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary E. Isaacs

Father's Name George Wright Father's Birthplace England

Mother's Maiden Name Wood Mother's Birthplace England

Name of person giving information Patience T. Isaacs How related to deceased daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic Bright's Disease How long Seven years

Immediate Uremic poisoning How long Eight months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. M. + E. Helberger

Address Glenwood + Dayton
Howard Co. Md.

Accident or Suicide? No



Died at

Date 1895-

Male

Female

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y

M

D

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's

Name

How long sick

Accident, Suicide, Homicide

11



Name In Full

Certificate of Death

Moses Johnson
 Died at Croftsville Town Howard County MARYLAND
 Date 1905 Jan. 29 Month Day Y. M. D. Age 68 - Native of Howard Co. Md. Occupation Farmer
 Male White Married Widow Divorced None
~~Female~~ Colored Single Widower Number of children living one

Husband of Nancy Johnson
 Wife Nancy Johnson
 Father's Name Nicholas Johnson Mother's Maiden Name Went - Lane
 Cause of Death { Primary Pneumonia How long sick 6 weeks
 Immediate Report by Dr. J. H. Seem Accident, Suicide, Homicide

Reported by Dr. J. H. Seem
 Address Chesford, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elexander Jones -

CERTIFICATE OF DEATH

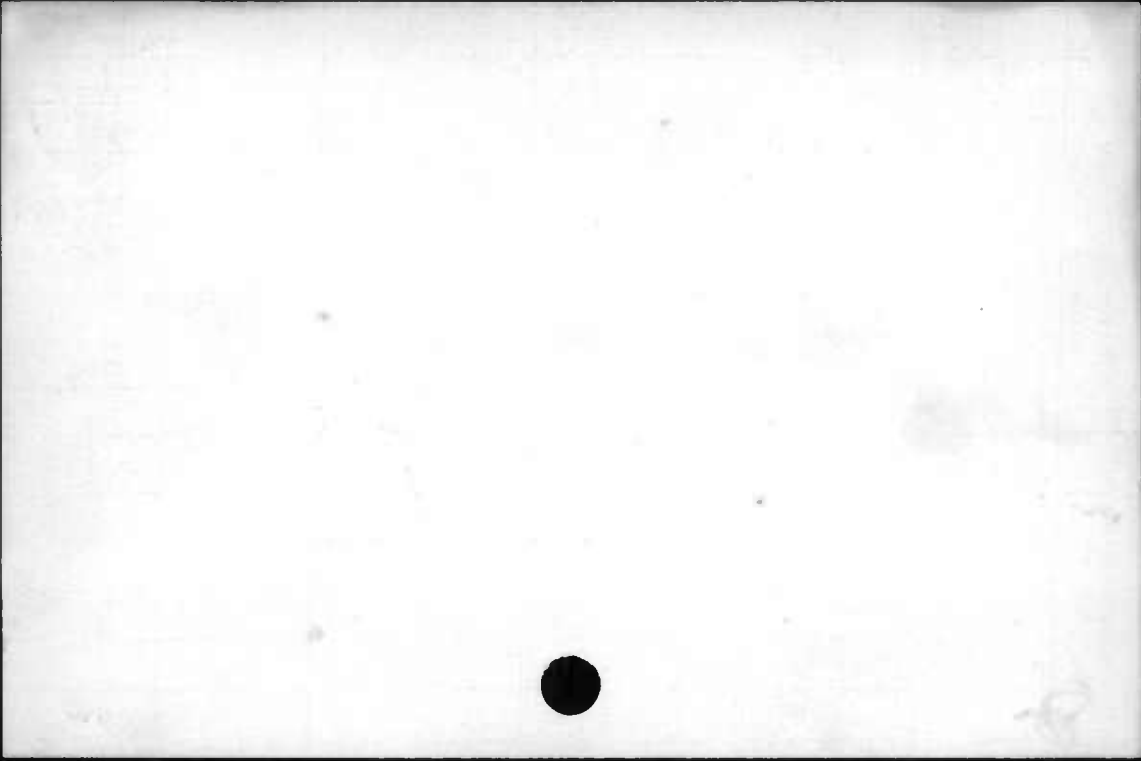
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mayfield</i> Town		County <i>Howard -</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan -</i>	Day <i>2</i>	Years <i>78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>black</i>		Birth-place <i>dont know</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>dont know</i>			
Father's Name <i>dont know</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Children -</i>		How related to deceased <i>dont know</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>90</i>
Immediate <i>Bronchitis & Exhaustion</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. J. [illegible]</i>
	Address <i>West 7th [illegible]</i>
	<i>Maryland</i>
Accident or Suicide?	



Name

in
Full

Mary L. Linthicum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Roxbury Hill.		County Howard		MARYLAND	
Date of death	1905	Month Jan	Day 19	Age	Years 68	Months 10	Days
Sex	Female.		Color or Race	White		Birth- place	Maryland.
Occupation	House-wife.			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	George W. Linthicum			
Father's Name	Isidore S. Clark.				Father's Birthplace	Maryland	
Mother's Maiden Name	Martha E. Crawford.				Mother's Birthplace	Maryland	
Name of person giving Information	Geo. W. Linthicum				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic valvular disease of heart and attack of Cholera Cholera.	How long	Several years.
Immediate	acute coronary dilation	How long	12 days.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. W. Lang.
		Address	Roxbury Hill.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Les. Mallon

Town

County

MARYLAND

Died at

St Charles College

Howard

Date

1905

Month

January

Day

12

Age

Years

19

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

New York

Occupation

Student

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
in formation

19

How related
to deceased

CAUSES OF DEATH

Primary

organic heart diseases

How long

Immediate

Heart failure

How long

5 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

B. J. Byrne

Address

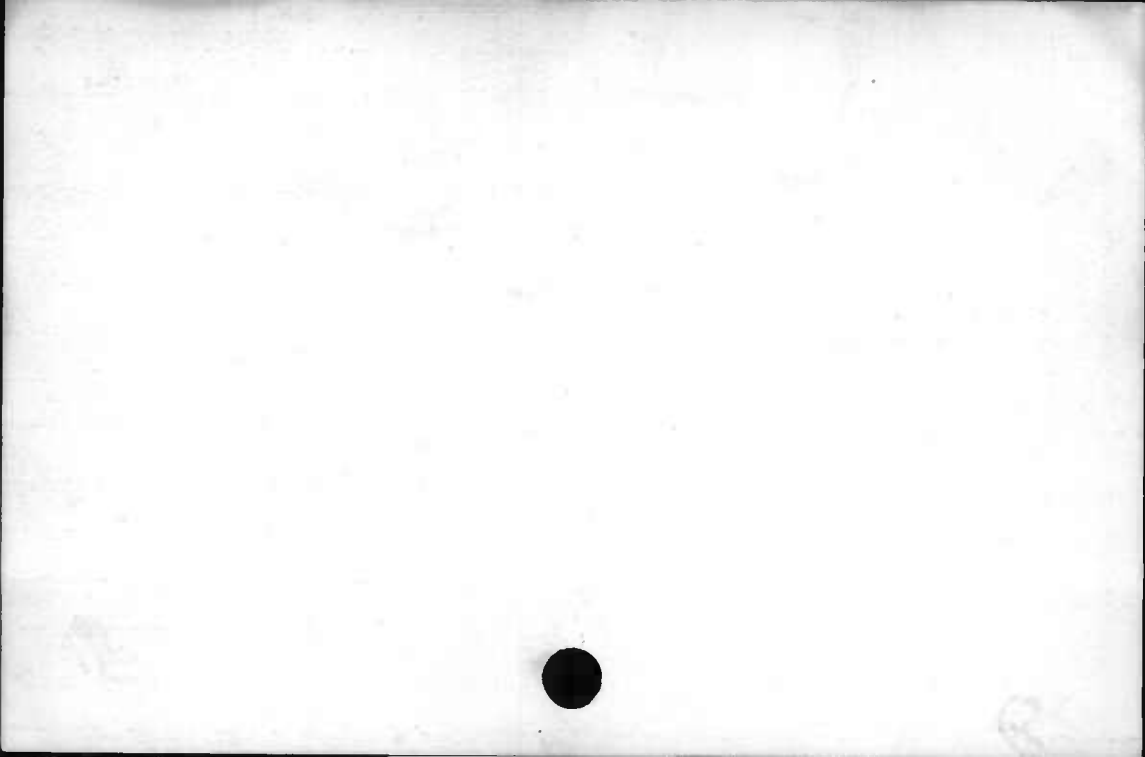
Ellerby City Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8



Name in Full

Certificate of Death

James Marlow
 Town Highland County Howard MARYLAND
 Died at
 Date 1900 - Jan. 19 Month Day Y. M. D. Age 49 - 3 - Native of Md. Occupation Farmer
 Male White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living. 1
 Husband of Leabelle Marlow
 Wife
 Father's Name James Marlow Mother's Name Margaret Marlow
 Cause of Death { Primary La Grippe Immediate Heart Failure
 How long sick 1 week
 Accident, Suicide, Homicide
 Reported by S. A. Nichols
 Address Dayton Mich.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

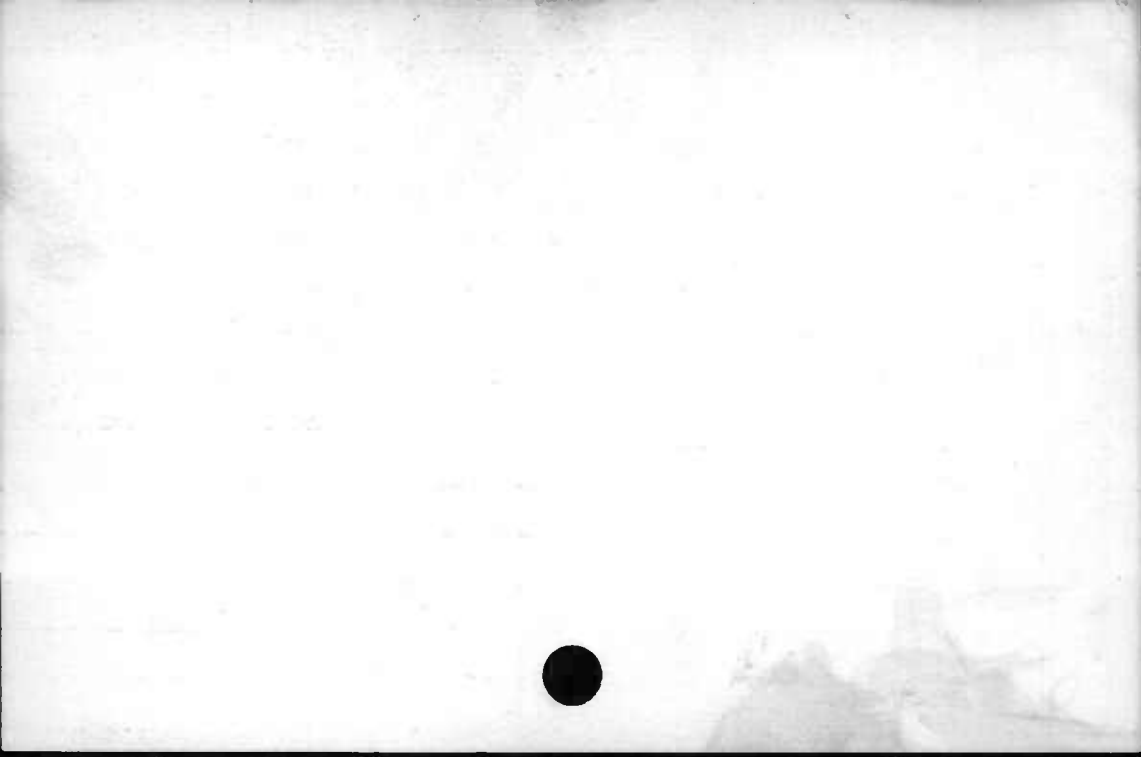
MARYLAND

Died at <u>Clarksville</u> ^{Town}		<u>Howard</u> ^{County}		MAY 1905	
Date of death	1905	Month	January	Day	14
Sex	Female	Color or Race	White	Age	—
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed	X		Name of Wife or Husband	—	
Father's Name	James N. Miller			Father's Birthplace	Id.
Mother's Maiden Name	Katherine Bormell			Mother's Birthplace	Id.
Name of person giving information	Jas. N. Miller			How related to deceased	father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Placenta previa	How long	S.
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	N. W. L. Girard
		Address	Highland Md.
Accident or Suicide?			



Name
In
Full

Richard M. Perkins

CERTIFICATE OF DEATH

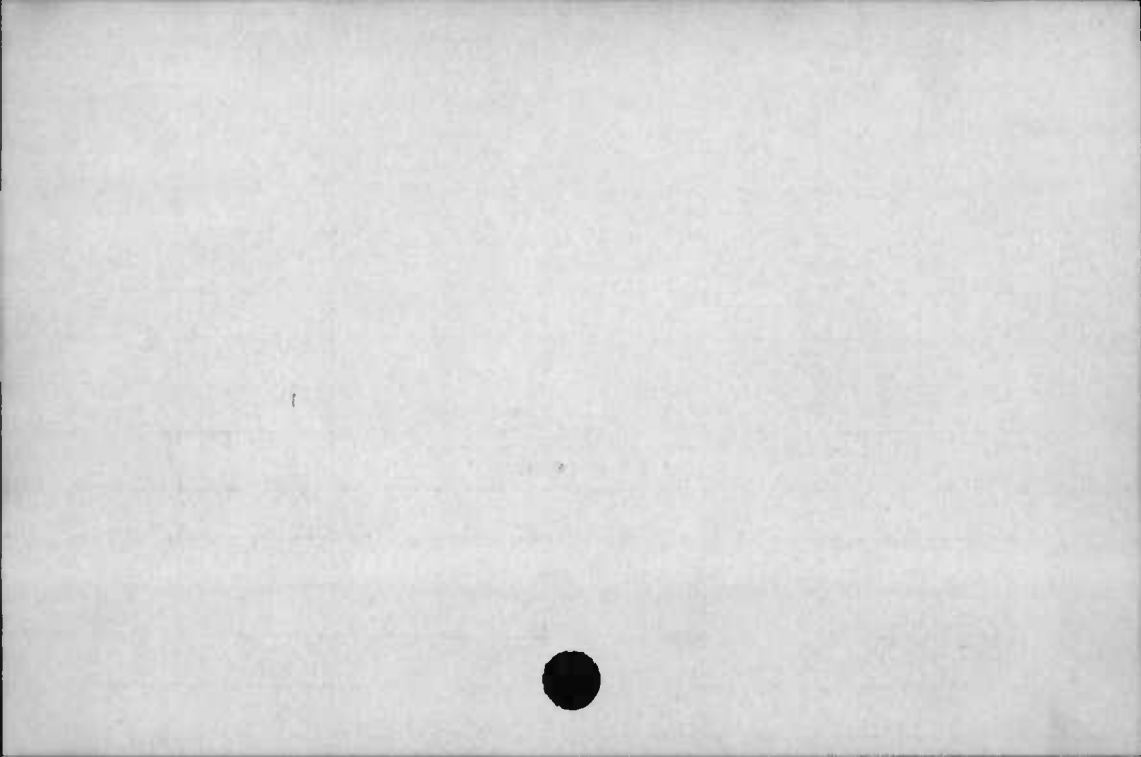
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death		190 <i>8</i>	Month <i>1</i>	Day <i>1</i>	Age <i>41</i>	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Louisiana</i>			
Occupation <i>Engineer</i>		Where Residing if not at place of death <i>Baltimore City</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Agnes Perkins</i>					
Father's Name <i>Richard R. Perkins</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary Morgan</i>		Mother's Birthplace <i>S. C.</i>					
Name of person giving information <i>John S. Perkins</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Consumption</i>	How long <i>8 m.s.</i>
Immediate	<i>Heart Failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Whittemore M.D.</i>
		Address <i>Savage Md.</i>
Accident or Suicide? <i>hit</i>		



Name in Full

Certificate of Death

Samuel Smith
 near *Ashton* Town *Howard* County MARYLAND

Died at *Ashton* *Howard* County MARYLAND
 Date *1805* Jan. *14* Month Day Y. M. D. Age *80* Native of *Ind* Occupation *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Widower ☐ Number of children living *4*

Husband of _____
 Wife _____

Father's Name _____

Mother's Name _____

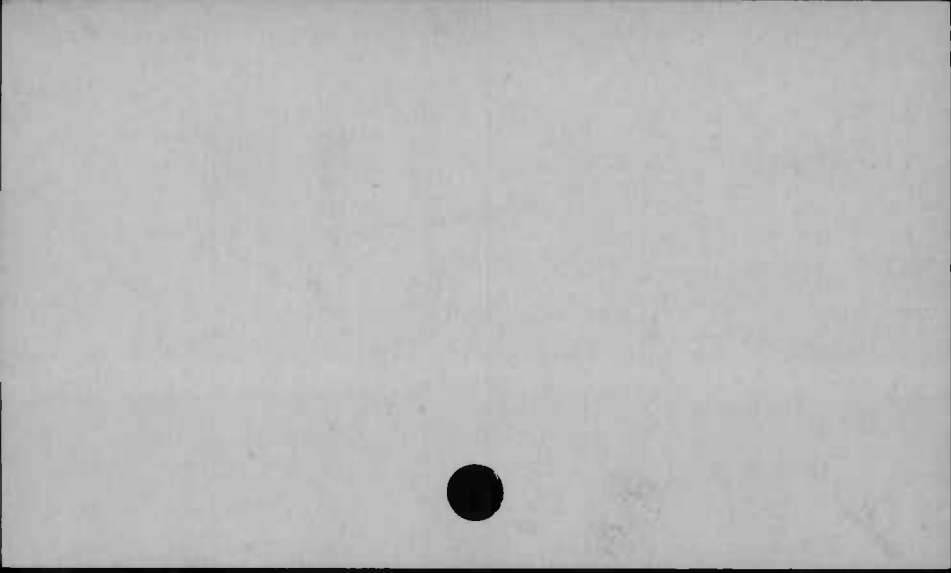
Cause of Death { Primary: *Paralysis*
 Immediate: *Exhaustion*

How long sick *5 months*
 Accident, Suicide, Homicide ☒

Reported by *S. A. Nichols*
 Address *Dayton Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, #5968



Name in Full

Certificate of Death

Joseph Stewart

Died at Pine Orchard Howard County MARYLAND

Date 1905 January 14 Age 26 Native of Hiram Geo Labor
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband
of
Wife

Father's Name don't know

Mother's Name Lizzie Stewart

Cause of Death { Primary Embolism of heart. ~~Good~~
 Immediate " ~~in~~

How long sick

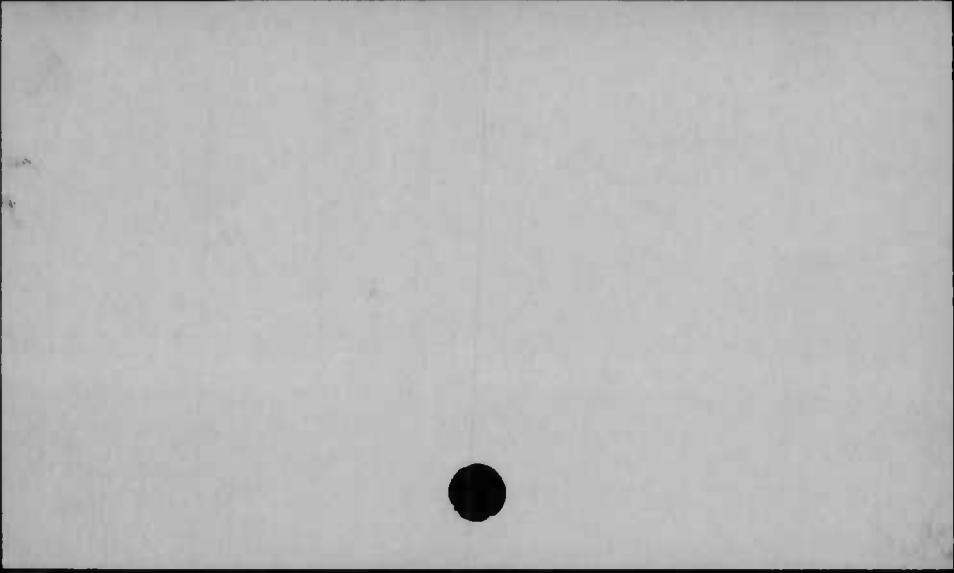
Accident, Suicide, Homicide

Reported by Richard C. Hammons M.D.

Address Ellicott City Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55969



Name
in
Full

Pleasant Pearl Taylor

CERTIFICATE OF DEATH

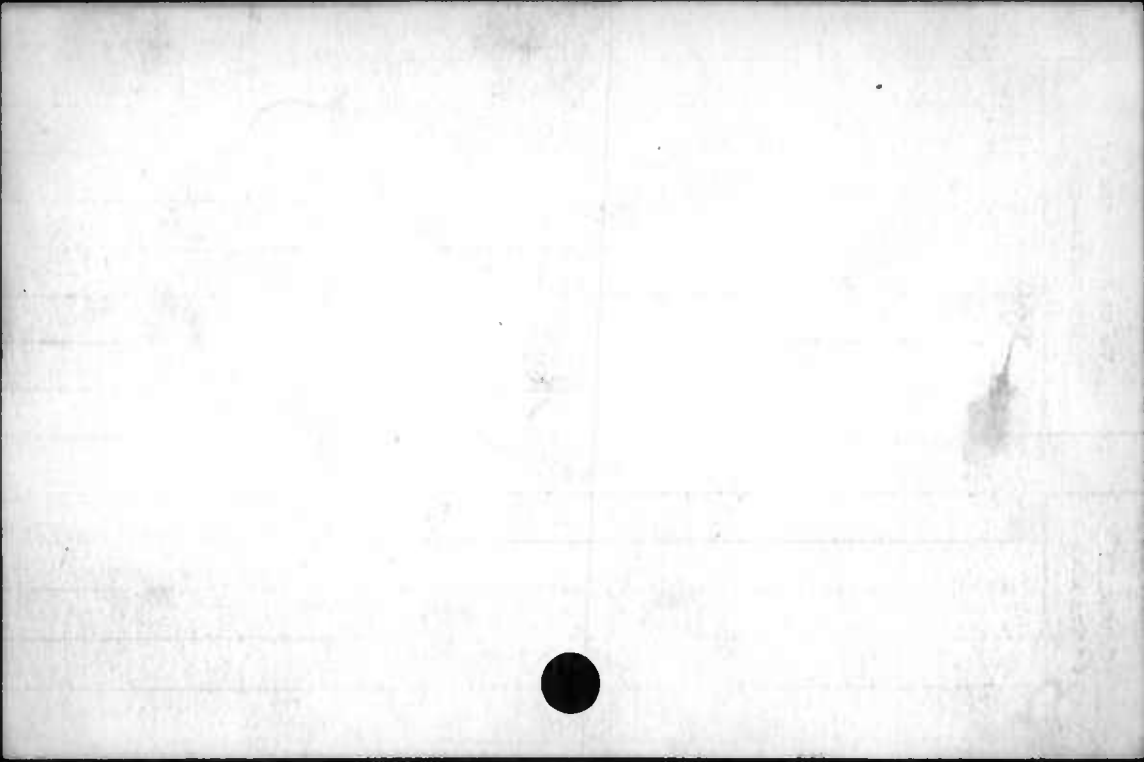
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1905 Jan'y</i>	<i>21</i> ^{Month}	<i>21</i> ^{Day}	Age <i>—</i> ^{Years}	<i>1</i> ^{Months}	<i>7</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Elk Ridge</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married , Single or Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>Frank Taylor</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Rebecca Jane Dorsey</i>			Mother's Birthplace <i>md</i>		
Name of person giving Information <i>Rebecca Jane Dorsey</i>			How related to deceased <i>Mother</i>		

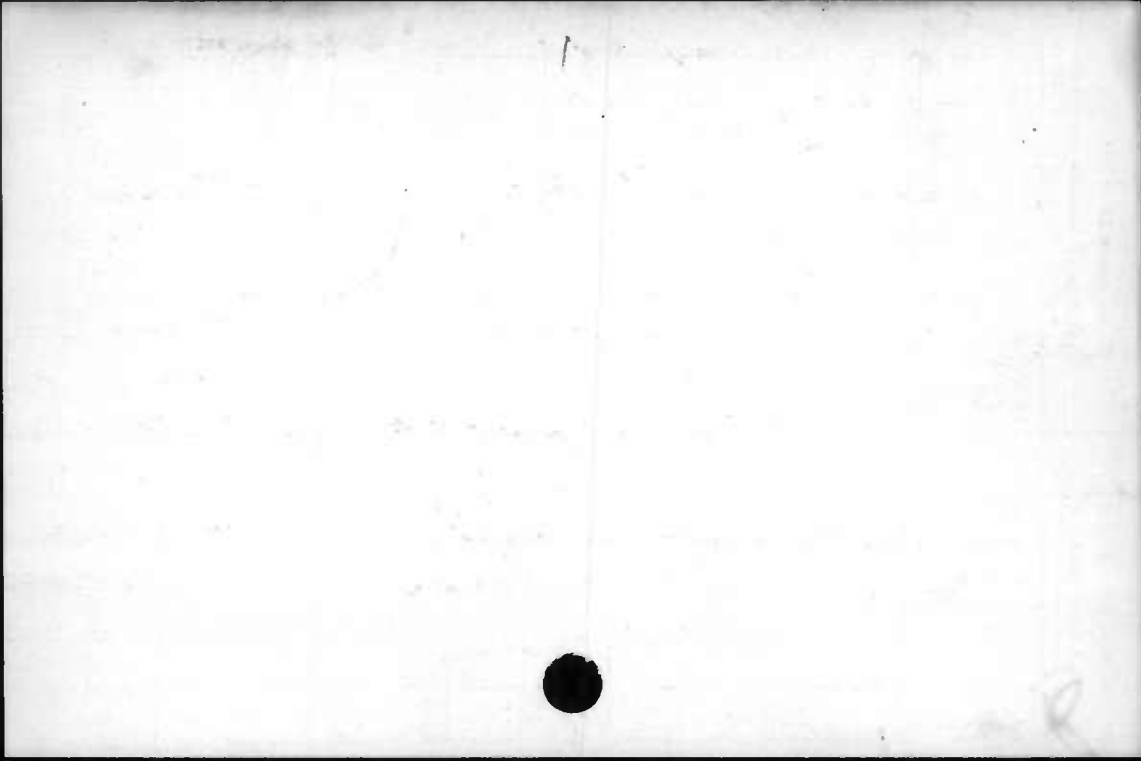
CAUSES OF DEATH

PHYSICIAN
OR CORONER

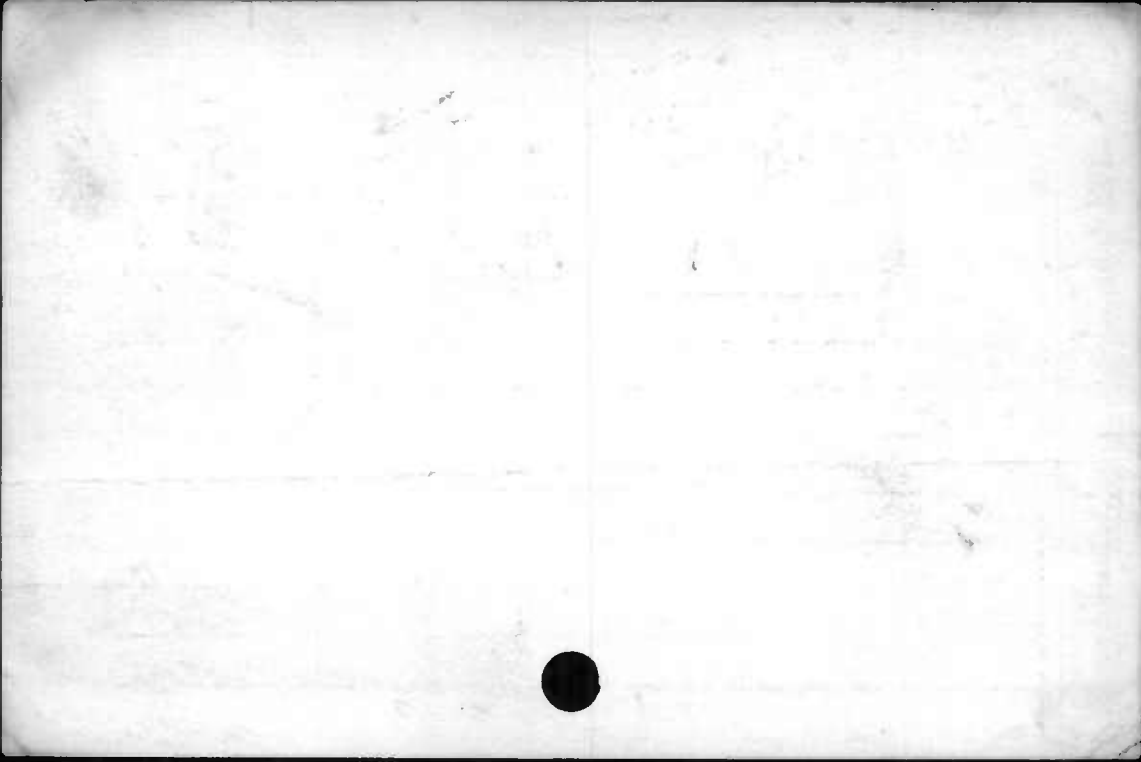
Primary <i>Acute Lobular Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Elk Ridge</i>
Accident or Suicide? <i>—</i>	



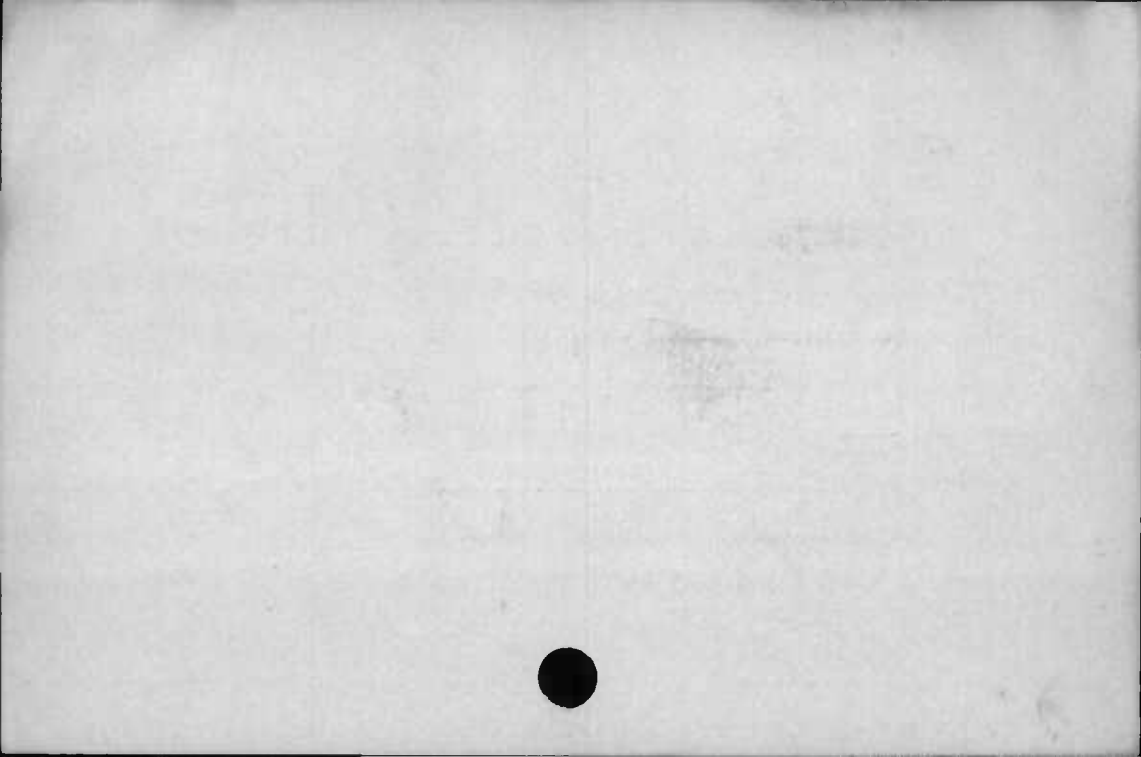
Name in Full		CERTIFICATE OF DEATH			
Emma Thompson		Town		County	
Died at Dayton		Howard		MARYLAND	
Date of death 1904		Month	Day	Age	Months
Jan		2	Years	3	Days
Sex	Female	Color or Race	white	Birthplace	Dayton
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Arthur Thompson			Father's Birthplace	Howard Co
Mother's Maiden Name	Hampshire			Mother's Birthplace	Howard Co
Name of person giving information	Arthur Thompson			How related to deceased	Father
CAUSES OF DEATH					
Primary	Broncho pneumonia			How long	4 1/2 weeks
Immediate	Respiratory weakness			How long	3 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			J. N. Davis		
Dr. H. Eichelberger			Address		
			J. Glenwood		
Accident or Suicide?			No		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Brecks Manor</i>		County <i>Hannan</i>	
		Date of death <i>1905 Jan 23</i>		Age <i>7</i> Months <i>16</i> Days	
		Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Hannan Co</i>	
		Occupation <i>none</i>	Where Residing if not at place of death <i>Brecks</i>		
		Married, Single or Widowed	Name of Wife or Husband		
		Father's Name <i>Joseph Lawrence</i>	Father's Birthplace <i>Washington</i>		
		Mother's Maiden Name <i>Maria E. Channing</i>	Mother's Birthplace <i>Hannan Co</i>		
Name of person giving information <i>Mary E. G. Lawrence</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Tuberculous Meningitis</i>		How long	<i>3 weeks</i>
	Immediate	<i>Exhaustion</i>		How long	<i>4 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Taylor</i>		
			Address <i>Laurel Md</i>		
Accident or Suicide? <input type="checkbox"/>					



Name in Full		Walter E. Williams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		County		MARYLAND	
		Died at Date of death		Town		County	
		Date of death		Month		Day	
		Date of death		Month		Day	
		Date of death		Month		Day	
Sex		Color or Race		Age		Months	
Occupation		Where Residing if not at place of death		Birthplace		Days	
Married, Single or Widowed		Name of Wife or Husband		Birthplace		Days	
Father's Name		Mother's Maiden Name		How related to deceased		Days	
Name of person giving information		CAUSES OF DEATH		Signature of Physician		Address	
Primary		Immediate		How long		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> ^{Town}		<i>Howard Co</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>7</i>	Age <i>62</i>	Years <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Ellicott City</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Zeltman</i>				
Father's Name <i>Louis Zeltman</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Katie Zeltman</i>	Mother's Birthplace <i>..</i>				
Name of person giving information <i>wife</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>over a year</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William E. Hodges</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	<i>M. G.</i>

